

Recommended Treatment Interventions for Adolescents and Their Families

The following list of program interventions effective with adolescents was compiled to assist counties complete Section II (B) of the county plan.

- ▶ **Adolescent-Specific Services**

Providing adolescents-only services (or a teen component separate from the adult program) is most effective for substance abusing adolescents because it protects them from exposure to adults whose substance abuse is usually more advanced. More importantly, it enables the program to focus on unique adolescent needs and provide guidance and support in adolescent emotional and social development. Age, gender, culture, and developmental stage should all be considered when determining placement, treatment needs and therapeutic approaches (CASA, 1995).

- ▶ **Screening, Placement, and Assessment**

Participating counties are strongly encouraged to use the Adolescent Patient Placement Criteria contained in the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (Exhibit 6). A standard placement criteria will improve client-to-service matching and ensure placement in the appropriate level of care.

In addition, initial and periodic client evaluation is fundamental to fully and objectively link client needs to service utilization (CSAT, 1995). To address adolescent-specific issues, providers should use a tool designed for adolescents, such as the Teen Addiction Severity Index (T-ASI) developed by Dr. Yifrah Kaminer at the University of Connecticut Health Center; or the Comprehensive Addiction Severity Index for Adolescents (CASI-A) developed by Kathleen Meyers at the University of Pennsylvania, Center for Studies of Addiction. Other screening and assessment tools are described and reviewed in the Center for Substance Abuse Treatment's (CSAT) Treatment Improvement Protocol Number 3, *Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents*.

NOTE: In September 1998, the Department received permission from Dr. Kaminer to use the T-ASI for the assessment of substance abusing adolescents in California. Copies of this tool as well as accompanying articles by Dr. Kaminer are available from the Department by contacting Sue Heavens at (916) 445-0323.

- ▶ **Group Therapy and Didactic Groups**

Structured, interactive peer discussion and problem solving is essential to help adolescents move into recovery with a group of recovering peers who can support them. Didactic groups are also important for education and to give insight into their AOD-related problems (Hawkins, 1987; Del Boca et al., 1995).

► **Family Involvement**

There is strong evidence that incorporating family-based interventions improves treatment outcomes among adolescents, reduces teen anti-social behaviors, and improves family functioning (CASA, 1995; CSAT, 1994; Liddle & Dakof, 1995; CSAP, 1998).

► **Individual Therapy**

Individual therapy should be available on a regular basis for adolescents with psychiatric and or child abuse histories, those who are uncomfortable with the group process or unready to discuss specific issues in a group setting, and all clients who need crisis intervention (CSAT, 1995).

► ***Case Management***

A strong case management component is necessary to ensure access to services to meet each adolescent's individual needs, address related co-existing disorders, and to coordinate and integrate the activities of various service agencies, parents, and community resources (Loney, 1988; CASA, 1995; CSAT, 1995; Crowley & Riggs, 1995).

► **Drug Testing**

Urine screening is an important clinical tool to monitor an adolescent's progress in treatment. The frequency of drug testing should be determined individually as clinically appropriate and allow for concerned and rapid response to the possibility of relapse (CSAT, 1995).

► **Recovery-Related Activities**

Research indicates that activities providing alternatives to AOD use and other high risk behaviors and designed to increase adolescents' self-esteem, sense of belonging and involvement are effective (Hawkins, 1987; CSAT, 1995).

► **Educational and Vocational Activities**

It is important that spending time in treatment not disadvantage the educational development of adolescents. Treatment programs should work with the educational system to address adolescent's school-related problems and to assist youth successfully transition back into the system when appropriate (Bry, 1988; CSAT, 1995).

► **Continuing Care**

Reinforcing behavioral gains made during treatment and providing effective aftercare are important to ensure successful reentry into the community (Spear & Skala, 1995; CSAT, 1995).

► ***Complementary Services***

Arranging supportive services identified in the adolescent's service plan either directly or through referral is key to an adolescent's success in treatment, especially because teen AOD abuse is often linked to underlying problems (CASA, 1995; Loney, 1988; Crowley & Riggs, 1995).